

Sallie Blake

Town

County

Died at

Chester

Kent.

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02

March 9

Age

45

Md.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband of

Robt Blake

Wife

Father's

Name

Mother's

Maiden Name

Steph Knight

Cause of

Primary

Rheumatic fever

How long sick

Death

Immediate

Heart.

47

Accident, Suicide, Homicide

Reported by

John M. Howard

Address

Chester

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Susan A Bordley

Town

County

Died at

MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

Mar 9

Age 72 11 -

Invalid's

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 4

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Thomas C. Bordley - deceased

Moses Stone

Cause of

Primary

Old age - Weak heart - Cold

How long sick

3 days

Death

Immediate

Dysentery

14

~~Accident, Suicide, Homicide~~

Reported by

H. Benge Simmons, M.D.

Address

Chester town Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



# Carl Gorman Bowman

Died at <sup>Town</sup> *Betterton* <sup>County</sup> *Kent* MARYLAND

Date 1902	Month <i>Mch.</i>	Day <i>16</i>	Y. <i>9</i>	M. <i>8</i>	D. <i>15</i>	Native of <i>Ind</i>	Occupation <i>---</i>
Male	<del>White</del>	<del>Married</del>	<del>Widow</del>	<del>Divorced</del>			
Female	<del>Colored</del>	Single	Widower			Number of children living <i>none</i>	

Husband of *---*

Wife *---*

Father's Name *James A. Bowman* Mother's Name *Lucile Brice*

Cause of Death { Primary *Gastritis* How long sick *2 months*

Death { Immediate *Inflammation* Accident, Suicide, Homicide

Reported by *Gas W. Urie*

Address *Still Road Md*



Name in Full

Certificate of Death

Alvin Kent Cain.

Town

County

Died at Forest Grove,

Kent

MARYLAND

Date 1902 Mar 29 Y. M. D. Native of MD Occupation

Male White Married Widower ~~Single~~ Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name in Full <i>Adeline Carroll</i>		County <i>Hunt</i>		MARYLAND	
Died at <i>Hunt Grove</i>		Month <i>May</i>		Day <i>4</i>	
Date 19 <i>02</i>		Age <i>about 50</i>		Native of <i>Maryland</i>	
<del>Male</del> Female		<del>White</del> Colored		<del>Married</del> <del>Single</del>	
<del>Widow</del> Widower		<del>Divorced</del>		Occupation <i>House work</i>	
Number of children living <i>4</i>					
Husband of <i>Wife Daniel Carroll</i>		Mother's Maiden Name <i>Ethelene Finch</i>		How long sick <i>about four weeks</i>	
Cause of Death <i>Pneumonia</i>		Primary Immediate <i>93</i>		Accident, Suicide, Homicide	
Reported by <i>John &amp; Adeline</i>					
Address <i>Calmar Hunt Co Md</i>					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Angeline Cotton

Town

County

MARYLAND

Died at Coleman

Kent

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Mch 11

Age

61 - -

Md

Housewife

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living 2

Husband of

Wife James H Cotton

Father's

Mother's

Name

Maiden Name

Elizabeth Thomas

Cause of

Primary

Paralysis

How long sick

Vol.

Death

Immediate

Accident, Suicide, Homicide

Reported by

Jas H. Wrie

Address

Still Pond Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Infant. (Still born)

Town

County

MARYLAND

Died at

Morgue

Kent

Month Day

Y.

M.

D.

Native of

Occupation

Date 19

2

Mar. 20

Age

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

SingleWidowerNumber of children living

Husband

of

Wife

Father's

Name

Lee Dent.

Mother's

Maiden Name

Mary Dent

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

G. Edwin Barwick, M.D.

Address

Perryville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Louisa Derry

Died at Pomona Town Kent County MARYLAND  
 Date 1902 Mar 30 Month Day Y. M. D. Native of Kent Occupation Cook  
Male White Married Widow Divorced  
Female Colored Single Widower Number of children living 6

Husband of William Derry  
 Wife  
 Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
 Maiden Name \_\_\_\_\_

Cause of { Primary Tuberculosis Pleurisy How long sick 3 yrs  
 Death { Immediate Asthma 2 ~~Accident, Suicide, Homicide~~

Reported by H. G. Simpson M. D.  
 Address Cheestown, Kent Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808





Name In Full

Certificate of Death

Mary Francis Cleaves

Died at

Town Chestertown

County Kent

MARYLAND

Date 1902

Month Mar

Day 31

Y.

Age 32

M.

D.

Native of Kent

Occupation

Landman, wife

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

1

Husband

of

Wife

Father's

Name

John Brown

Mother's

Maiden Name

Josephine Graves

Cause of

Primary

Pericarditis

How long sick

Death

Immediate

Syncope

Accident, Suicide, Homicide

Reported by

W. G. Simpson M. D.

Address

Chestertown

Kent Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Live Glenn

Died at <sup>Town</sup> Chesterstown <sup>County</sup> Kent MARYLAND

Date 1902 <sup>Month</sup> Mar <sup>Day</sup> 13 | Age 61 <sup>Y.</sup> 7 <sup>M.</sup> 1 <sup>D.</sup> | <sup>Native of</sup> Ind | <sup>Occupation</sup> Laborer

Male | ~~White~~ | Married | ~~Widow~~ | ~~Divorced~~ | 3

~~Female~~ | Colored | ~~Single~~ | ~~Widower~~ | Number of children living

Husband of Martha Anna Murray ne Sheppard

Father's Name Peter Glenn Mother's Maiden Name

Cause of Death { Primary Lobar Pneumonia | How long sick 11 days

Death { Immediate Oedema of lungs | ~~Accident, Suicide, Homicide~~

Reported by H. G. Simpson M.D.

Address Chesterstown Kent Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Henrietta Hyland

Died at <sup>Town</sup> near Bassafras <sup>County</sup> Kent- MARYLAND

Date 1902 <sup>Month</sup> 30 <sup>Day</sup> 10 <sup>Y.</sup> 88 <sup>M.</sup> — <sup>D.</sup> — <sup>Native of</sup> ~~and~~ <sup>Occupation</sup> housewife

<sup>Male</sup> <sup>White</sup> <sup>Married</sup> <sup>Widow</sup> <sup>Divorced</sup>

<sup>Female</sup> <sup>Colored</sup> <sup>Single</sup> <sup>Widower</sup> <sup>Number of children living</sup> 4

<sup>Husband</sup> of Eliza Hyland

<sup>Wife</sup>

<sup>Father's</sup> Perry Anderson <sup>Mother's</sup> Selby Johnson

<sup>Name</sup> <sup>Maiden Name</sup>

<sup>Cause of</sup> { <sup>Primary</sup> <sup>How long sick</sup> one week

<sup>Death</sup> { <sup>Immediate</sup> Cerebral hemorrhage <sup>Accident, Suicide, Homicide</sup>

Reported by

Address

Dr J. H. Latimer

Gabana Md.

Must be signed by physician, if any in attendance. otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 19

Male

Female

Town

Month

Day

Age

Y.

M.

D.

Native of

Occupation

MARYLAND

Husband  
of  
WifeFather's  
Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79096





Name In Full

Certificate of Death

James Johnston

Town

County

Died at New Church Hill

Kent.

MARYLAND

Date 1902	Month Mar.	Day 3	Age 4	Y. -	M. 12	D.	Native of	Occupation
Male	White	Married	Widow	Divorced			Lebanon	infant
Female	Colored	Single	Widower					Number of children living

Husband of

Wife

Father's Name John Henry Johnston

Mother's

Maiden Name

Mary L. Perkins

Cause of Primary Tuberculosis

How long sick

3 mo

Death Immediate

Accident, Suicide, Homicide

Reported by

H. Berge Simonson

Address

Cheatstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Mrs Matilda Kibler

Town

County

Died at

Chestertown

Kent

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

3

29

Age

84. 2. —

Maryland

Housewife

~~Male~~

White

~~Married~~

Widow

~~Single~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living 3

Husband

of

John Kibler

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Heart trouble

How long sick

5 months

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Jos Heath

Address

Chestertown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Martha Ellen Lee

Town County MARYLAND  
 Died at Chestertown Kent

Month Day Y. M. D. Native of Occupation  
 Date 1902 Mar 18 Age 73 Md Cook  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living 4

Husband of Thomas Lee  
 Wife

Father's Name Jas Butler Mother's Maiden Name

Cause of Primary Crystallias 18 How long sick 10 days  
 Death Immediate Oedema of the glottis Accident, Suicide, Homicide—

Reported by H. G. Simpson M. W.

Address Chestertown Kent Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Martha Ann Lynch

Town

County

Died at

MARYLAND

Date 1902 Mar. 23 | Age 67 Y. 2 M. - D. - | Native of Kent Co Md | Occupation Housewife  
 Male | White | Married | Widowed | Divorced  
 Female | Colored | Single | Widower | Number of children living 1

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Complaining a few days -

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name in Full

Certificate of Death

*not named*

Died at *Morgan* Town *Kent co* County MARYLAND

Date *1912* *3* Month *4* Day Y. M. D. Native of Occupation

Age *four months* *2nd*

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's Name *Jos Manning* Mother's Name *Emma Manning*

Cause of Death { Primary Immediate } *Pneumonia* *93*

How long sick *about*

Accident, Suicide, Homicide

Reported by *W. C. ...*

Address *Millington* *2nd*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BU. 547, 79706



Name in Full

Certificate of Death

*Catherine Murray*  
 Died at *Rockface* *Kent* *MARYLAND*  
 Date 1902 *March 15* Age *76 2 5* *Med. Housekeeper*  
 Male ~~White~~ Married ~~Widow~~ Divorced  
 Female Colored Single Widower Number of children living *3*

Husband of *Samuel Murray*  
 Wife  
 Father's Name Mother's Name  
 Maiden Name

Cause of Death { Primary *Consumption* Immediate *Diphtheria* }  
 How long sick *9 months*  
 Accident, Suicide, Homicide

Reported by *W. B. Kelly M.D.*  
 Address *Rockface Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Lewin H Peaker

Town

County

MARYLAND

Died at Near Lynches

Kent

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1901

Moh 20

Age

12 4 -

2nd

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

How long sick

Cause of

Primary

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Eben Francis Perkins

Died at <sup>Town</sup> Chesterton<sup>County</sup> St. Clair

MARYLAND

Date <sup>1902</sup> 1902      Month 3      Day 17      Age 71      Y. 9      M. 18      D. 18      Native of Ind      Occupation Lawyer  
 Male      White      Married      ~~Widow~~      ~~Divorced~~      Number of children living ~~1~~  
~~Female~~      ~~Colored~~      ~~Single~~      ~~Widower~~

Husband of Mary E. Perkins

Father's Name Eben Perkins

Mother's Name Sarah Perkins

Cause of Death { Primary Valvular Disease of Heart      How long sick a few months  
 { Immediate      Accident, Suicide, Homicide

Reported by

Address

 M. Frank Perkins  
 Chesterton Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968





Name in Full

Certificate of Death

Georgiana Ruggold

Died at <sup>Town</sup> Chestertown<sup>County</sup> Kent

MARYLAND

Date 1902 <sup>Month</sup> Mar <sup>Day</sup> 3Age <sup>Y.</sup> 46 <sup>M.</sup> — <sup>D.</sup> —<sup>Native of</sup> Md<sup>Occupation</sup> Seamstress~~Male~~~~White~~

Married

Widow

~~Divorced~~

Female

Colored

~~Single~~

Widower

Number of children living

1

~~Husband~~ of

Wife

Father's

Name

~~George~~ Ruggold

Mother's

Maiden Name

79

Cause of

Primary

Aortic Regurgitation

How long sick

13 mo

Death

Immediate

Dropsey

Accident, Suicide, Homicide

Reported by

H. G. Simpkins M.D.

Address

Chestertown Kent Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1902

Male

Female

Husband

of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Jacob. Turner

Town

County

Bullertown

Kent

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Mar 8

Age

22

Md

Laborer

White

Married

Widow

Divorced

Colored

Single

Widower

Number of children living

Mother's

Maiden Name

John Turner

Kate Scott

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Jas W. Urie, M.D.  
Still Pond  
Md

LIBRARY BUREAU, 79892



Name In Full

Certificate of Death

Joseph Willington Wilkie

Town

County

Died at

MARYLAND

Date 1902 Mar 2 Month Day Y. M. D. Age 22 5 22 Native of Canada Occupation Farmer  
 Male White ~~Married~~ ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of

Wife

Father's Name Geo. H. Wilkie Mother's Maiden Name Mary E. Nixon

Cause of Death { Primary Hepato-genous jaundice How long sick 3 weeks  
 { Immediate Coma 114 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70868

